

www.oshpd.state.ca.us/fdd

FAX (213) 897-0168



A	Name of Facility:		<u>Office Use Only</u> OSHPD # Facility I.D. #
	Address - Street:		
	City:	County: State: Zip:	
	Title of Project (45 Characters max.)	Applicant Job #:	

C	List of structural steel members to be tested:
	Is this list continued on a separate sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No

D	Copies of report to:	Submitted By: _____	OSHPD _____
		Structural Engineer/Architect Date	
		Print Name: _____	

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**1600 9th Street, Room 420 ~ Sacramento, California 958141831 9th Street ~ Sacramento, California 95814

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FAX (916) 324-9145 (North and Central Region)

FAX (213) 897-0168

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INSTRUCTIONS FOR TESTS AND INSPECTIONS (OSH-FD-303)

Do not write in areas designated for "Office Use Only."

This form is to be completed and submitted with the plans and specifications. After OSHPD approval it will be displayed on site with the building permit.

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit code as applicable).

Title of project – enter a brief (45 keystrokes or less) descriptive statement of the work to be performed. Applicants job number – if the facility or architect has a numbering system for projects, enter that number.

- B Enter name and address of testing laboratory.

Mark tests to be performed. Where necessary, define parameters.

- C List structural steel members to be tested. Check the box and use additional sheets if necessary.
- D the preparing architect or structural engineer in responsible charge should indicate where copies of test results should be sent and should sign and date the form.